

We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists

4,800

Open access books available

122,000

International authors and editors

135M

Downloads

Our authors are among the

154

Countries delivered to

TOP 1%

most cited scientists

12.2%

Contributors from top 500 universities



WEB OF SCIENCE™

Selection of our books indexed in the Book Citation Index
in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?
Contact book.department@intechopen.com

Numbers displayed above are based on latest data collected.
For more information visit www.intechopen.com



Residential Care as a Resource of the Childhood Welfare System: Current Strengths and Future Challenges

Eduardo Martín

Additional information is available at the end of the chapter

<http://dx.doi.org/10.5772/46402>

1. Introduction

The aim of this chapter is to analyze the role played by residential care (hereafter, RC) within the childhood welfare systems, acknowledging its strengths, but also its weaknesses. The historical evolution and the changes made in the model to adapt it to current legislation are briefly analyzed. The model is currently set in Spain, where it is still more relevant than in other European countries, where other alternatives—such as placement with foster families—are more developed for children and adolescents who must be separated from their biological families. This resource attends a large number of children. According to the data of Save the Children (2011), worldwide, 8 million children are living in some RC modality, of whom 15000 live in Spain (Observatorio de la Infancia [Children's Observatory], 2011).

Throughout the long history of this resource, research on RC has mainly focused on the negative effects it may have on children. The results of the investigations conducted from a clinical and psychopathological approach are critically reviewed and analyzed, because research usually employs normalized comparison groups. Further, no pre-post measures are taken in order to reliably appraise the effects that living in RC has on these children, and, in many cases, a lot of the developmental problems detected may be due to the prior situation of maltreatment that led to separating the child from the family. The results of some studies with pre-post measures performed in Spain are presented, and they show that living in RC can be beneficial, although not in all cases, but only for certain profiles. Moreover, they belie the idea that the more time children spend in these resources, the worse effect they have on them. It is shown that very short stays can be as harmful as long stays, and that the most important aspect is to adjust the time to the characteristics of each case.

Subsequently, the research currently carried out in Spain on the integration in school of children and adolescents who live in RC is analyzed. The results reveal that they have many difficulties to integrate at school and their academic achievements are far below average, and a considerable percentage of these residential children do not even finish compulsory education, and only a token number of them continue post-compulsory education. As will be discussed, education for these children is important for several reasons: 1) Family and school are the two most important contexts for children's development. When one of them is lacking, such as the case of the family for these children, the school should reinforce its compensating role. 2) The school is the main normalized context that allows these children to establish relations of friendship and to enrich their social support networks, both with peers and with adults. 3) Finishing their studies and achieving adequate formation and qualification will allow for better socio-work insertion, once they come of age. This, in turn, will allow them to break out of the vicious circle of social exclusion, because most of the youngsters who drop out of the welfare system when they come of age return to the family from which they had to be separated for their own protection.

I will conclude by underlining the strengths and future challenges of RC as one more resource within the childhood welfare system. With regard to the strengths, I underscore its modernization, the professionalized care provided to the children, the positive effects it has in many cases and with certain profiles, being able to work with the families so as not to break the family bonds, as well as its flexibility to combine with other resources.

The challenges of the future involve the capacity to improve these children's academic adjustment—which is usually already impaired when they reach the residential homes—and their socio-work insertion when they come of age. One of the topics in RC research that has recently awakened much interest is the transition to adult life, where not all the results of the investigations carried out are positive. Some reflections are made about how to improve these processes. Among other aspects, other administrations, such as the educational administration, should take on a more active role within the childhood welfare system. Only by means of inter-administrative coordination can we provide effective solutions to these future challenges to RC. We shall also address the topic of care for the mental health problems of this population. The studies carried out on this aspect indicate that the prevalence of mental health problems in this collective is much higher than that of the population of children and adolescents who live with their families.

2. Residential care: evolution of the models and typology

RC has a long history as a resource to attend children and adolescents who, for whatever reason, have no family to protect them. Both the old-fashioned orphanages and the current supervised homes have helped a considerable percentage of minors who were in a situation of vulnerability. With the change of the model of the childhood welfare system that takes place in Europe in the second half of the 20th century, we abandoned the notion that the only possible intervention for unprotected childhood was the charity-based one, where practi-

cally the only resource was the enormous residences in which boys and girls were interned because their parents could not (or did not want to) attend their needs. At that not too distant time, children were admitted so that their basic needs would be taken care of within the residences, because they even studied and received medical care without leaving the enclosure. Most of the boys and girls who entered these residences did not leave them until they were of age and, in many cases, they were all alone in a society they were unfamiliar with, because they had grown up within the walls of the institution. Until the first half of the 20th century, the socially constructed image of these children was that of victims of a traumatic situation, and it was thought that they would not be able to develop normally because they had no family, so most of them were predestined to poverty, delinquency, or prostitution. The future granted to these children was social marginalization. Therefore, there was no social pressure to change the care and opportunities provided to these children, because most of the population had ambivalent feelings towards them, a mixture of compassion and fear. A famous refrain says "*ojos que no ven, corazón que no siente*" [out of sight, out of mind], so it was considered appropriate for these children to be practically locked up in these large residences, concealing them from the public opinion, which did not accept any responsibility for this population other than some beneficial gesture. Thus, there was at this time no kind of external control or supervision of what went on within these institutions, and over time, too many cases of maltreatment and even indiscriminate adoptions, under the suspicion of commercial transactions, have come to light. The characteristics of these large institutions, according to Del Valle and Fuertes (2000), are shown in Table 1.

Indiscriminate admittance criterion	The children were often collected directly from the parents, and cases of maltreatment, abandonment, or simply of poverty were indiscriminately mixed together. The treatment received by the children did not respond to their peculiarities, but instead all were treated equally.
Self-sufficiency and institutionalization	All the children's needs were met within the institution: medical care, feeding, hygiene, education, leisure, etc., so the children did not need to leave the enclosure and could not relate to other people except for the staff and the other children who lived in the institution. Thus, they were deprived of basic aspects for their development, such as the establishment of social networks and physical and social experiences.
Basic care	The care provided to the children was essentially meeting their most basic needs, without attending the possible problems they had due to their prior experiences of maltreatment or poverty and social marginalization.
Lack of staff training	The staff that attended the children was not required to have any kind of training. Most of these institutions were of a religious nature, and the way they dealt with the

	children was based more on doctrinal aspects than on scientific knowledge.
--	--

Table 1. Common characteristics of the charity-model institutions for children

World War II, the most destructive and atrocious war suffered by humanity throughout its history, led to the generalized realization of the rights of human beings. In 1948, the recently created General Assembly of the United Nations approved the Universal Declaration of Human Rights, although it took more than 40 years to approve the Convention on Rights of the Child. This delay is not casual. Childhood was never granted a voice to claim its rights, easily trampled by adults due to children's inability to assert them and defend themselves from all kinds of aggressions suffered, and which many children still currently suffer. This is vitally important in order to understand that the evolution of modern childhood welfare systems (among which is RC, as it is understood nowadays) has been relatively slow, which is why they are not yet fully developed. Moreover, the adequate social construction of childhood and our responsibility towards children who are not our blood relations are still far from ideal. As noted by Garrido (2001), legislators not only make decisions as a function of research, but particularly, depending on whether their decisions make sense to society and are demanded by it. We should therefore appraise the development of the childhood welfare systems that currently exist from this perspective.

As a result of the adherence by most countries to the Convention of Rights of the Child(although there are still a few that have not yet signed it, some of them really surprising), the charity model of children's welfare is beginning to be abandoned. In developed countries, this adherence led to legislative development that provided the foundations of the welfare systems as they are currently known. In the case of Spain, this transition was delayed due to the military dictatorship, which lasted until almost the end of the 1970s. The model sustained by this change disrupted the charity model. Firstly, RC went from being almost the only resource for the welfare of childhood to becoming just one more resource. Adoption and foster care become alternative and preferential measures for children who had to be separated from their families. Moreover, family intervention programs were promoted, which sought to strengthen families so that the children would not have to be separated (Rodrigo, Máiquez, Martín & Byrne, 2008), because one of children's essential rights was established by consensus: the right to grow up in a family, if possible, the family of origin. Nevertheless, in spite of these good intentions and the consensus about the priority that all children grow up in a family setting, in Spain, the implementation of protective measures, such as foster care, developed slower than in other countries like the UK (Colton & Helinckx, 1995). Although things are changing, and the number of available families is increasing, the number of children who live in RC and the new cases that are admitted each year are surprisingly stable. Figure 1 shows the evolution of RC in Spain during the past few years. Each year, an average of 9000 children enters RC, with a yearly total approximately 15000.

The principle of normalization is established for those cases that must be admitted into RC. The aim is that the lives of children who live in RC should be as similar as possible to the

lives of children who live with their families. However, this principle is currently the subject of some debate because, for some authors, to consider normal a situation that should be exceptional can lead to institutionalization (Campos, 2011). Due to the implementation of this principle, the large residences have been turned into small homes, with a reduced group of children who carry out many activities outside of the home, thus promoting community integration; and where all the children have a work plan: to return to their families or to another foster family, adoption, or preparation for the transition to adult life in those cases in which they cannot or do not want to return to a family environment. Moreover, in most cases, the staff that works in these resources has adequate training (Del Valle & Fuertes, 2000).

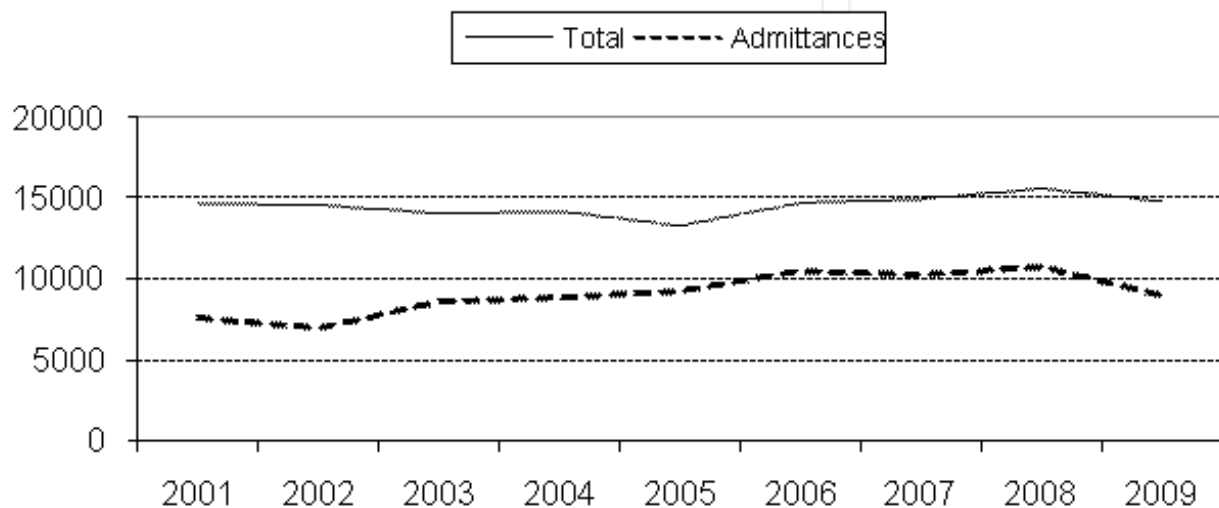


Figure 1. Evolution of yearly admittances and the total number of children in RC in Spain (Source: Observatorio de la Infancia, 2011).

The concern to provide adequate care to this population of children led to the elaboration of quality standards to appraise the work carried out in RC (General Assembly of the United Nations, 2009; Child Welfare League of America, 1991; Del Valle & Bravo, 2007; Redondo, Muñoz & Torres, 1998; Fédération Internationale des Communautés Éducatives [FICE], International Foster Care Organisation [IFCO] & Children's Villages, SOS, 2007).

One of the recommendations of these standards is to provide individualized treatment in all cases and, in this regard, the existence of very diverse profiles has made it necessary to create centers specialized by profiles, which, moreover, vary according to the country. This leads to the need to define what we mean by RC and what are the modalities. When performing a bibliographic search of the topic children's residential care, studies about boarding schools, centers for children with special educational needs, or even centers for young offenders may be found. We shall use RC to refer to the resources provided for children and adolescents who must be separated from their families for their own protection, because their families cannot meet their basic needs. And we shall only refer to those resources where the children carry out their entire daily activity, excluding day centers in which the children only spend a few hours a day with very clear goals of meeting some specific needs,

but from which the children return to their family home every day (Svenlin, 2010). In the case of Spain, according to classification of Bravo and Del Valle (2009), we can find the following types of RC:

- *Immediate Shelter Centers*: These are centers aimed at attending cases of urgent separation from the family, where the child's status and case are appraised, to be subsequently referred to the most appropriate resource for that case. The stay in these centers should be short, a few months at most, although in many cases the stays are unduly prolonged.
- *RCs for children under 3 years of age*: Although there is a legislative initiative aimed at preventing small children from living in centers, until this intention becomes a reality, the RC network includes this type of children's center because children of these ages have different needs of attention and care from those of older children.
- *Supervised Children's Homes*: Herein are included all the resources in which children of different ages live in a home that is an attempt to imitate a family environment. Within this category are diverse resources, such as those in which the staff work in shifts and those with fixed 24-hour staff.
- *Homes to prepare adolescents for independence*: Although the legislation obliges the state to protect minors until they are of age (in Spain, this is 18 years), it is necessary to prepare them for emancipation in all cases in which family reunification is not foreseen. Skills to facilitate social and occupational integration are taught so the adolescents can be independent when they leave the welfare system. As in contemporary society, and more so due to the economic crisis, being economically independent at 18 years of age is practically impossible, resources to attend to youngsters over 18 who have no resources are beginning to appear, so they can continue with their studies. These resources could be included within this category.
- *Homes and centers for adolescents with emotional and behavioral problems*: A change that has recently been observed is the increase in cases of children over 12 years old who enter the welfare system at their parents' request because their parents cannot control their behavior. Although most of the cases occur due to lacks in the parents' educational styles—which indicates enormous lacks in prevention—in many cases, these minors require specialized attention because some of them have even developed mental health problems. These centers are an attempt to respond to this profile with specialized attention.
- *Homes for unaccompanied alien minors*: Due to the economic bonanza in Europe during the years before the current crisis, the phenomenon of immigration emerged, and it was especially visible in frontier countries like Spain. In addition to adults and families, unaccompanied minors with no family references began to arrive. As they were minors in Spanish territory, the law considered them to be the object of protection, but their profile is very different culturally and religiously, and also with regard to language and even to their life goals, so they require special handling. Nevertheless, the crisis has led to a decrease in the migratory flow and the current situation is therefore not as chaotic as it was at the beginning of the 21st century.

As can be seen, there are very diverse profiles, and RC childhood is a very heterogeneous population, but they have one thing in common: they are all neglected minors who have no family setting, and for whom special children's homes are the only available alternative in order to live together with other people. The question is: does RC protect them or does it do more harm? This leads us to review the results of the scientific research on this resource of the welfare system.

3. Research of residential care

The charity-based past of this resource, as well as the lack of research until not long ago, has led to the appraisal of RC and its effect on children more as a function of beliefs than of knowledge. In many cases, this resource has been satanized, even by legislators, and we hear cries advocating the disappearance of RC and its replacement by other measures, such as foster homes, which are considered, *per se*, to be better than RC. Therefore, it is essential to collect data about the research developed in this field. Given its long past, the research of RC has changed, even as a function of the paradigms and predominant theories of each epoch. Towards the mid 20th century, the works of Spitz on the hospitalism syndrome of institutionalized children and the works of Bowlby about the negative effects of maternal deprivation began to generate a bad image of RC after World War II, a time when society began to be more sensitive about these children. A first effect of these early studies was, on the one hand, to initiate a line of research based on the problems developed by children in RC, and, on the other hand, as a consequence of the former, to generate a psychological intervention model based on an eminently clinical and psychiatric approach. This model was based on the idea that the child was the problem, so the intervention had to focus on the child. The line of research on all the kinds of problems produced by RC generated an enormous quantity of literature. The research method used was mainly to compare children raised in RC with groups of children who had always been with their family, or who had been adopted after living in RC (Chisholm, 1998; Han & Choi, 2006; Harden, 2002; Hodges & Tizard, 1989; Kaler & Freeman, 1994; O'Connor, Rutter & the ERA Team, 2000; Sloutsky, 1997; Tizard & Hodges, 1978; Vorria, Rutter, Pickles, Wolkind, & Hobsbaum, 1998). All these studies coincide that children raised in RC have more emotional, cognitive, social, and even physical problems than children who live with their families or who were sent to foster families or adopted by another family. A review of these studies carried out by Johnson, Browne, and Hamilton-Giachritsis (2006) concludes that, especially for smaller children, spending more than 6 months in RC can have severe consequences for their development. These results have helped to firmly fix the bad image of RC in the political and public opinion. Nevertheless, these results have been questioned mainly due to methodological defects, because they do not differentiate the effects of the prior situation that led the minor to be admitted in RC, nor are there any works that compare the status of the minor upon admittance and at some later date (Del Valle, 2003; Martín, Rodríguez & Torbay, 2007). Although some studies try to identify the problems caused by the prior family situation before the problems produced by the stay in RC (Knuston, 1995; Roy, Rutter, & Pickles, 2000), poorer

results are still found in children raised in RC. But in spite of these attempts, there are still shortcomings in the research designs. Firstly, the children's opinion about their stay is not taken into account, and the situation is appraised exclusively from the adults' viewpoint. Secondly, the samples of children in RC came from orphanages of countries that are not particularly distinguished for the quality of their protective systems. And thirdly, a relevant fact that usually goes unnoticed was not taken into account: the children who enter RC are the ones who, because of their age or their problems, or simply because they have no extended family, have no other alternative, and they are the most difficult cases and the ones that usually develop more problems at all levels.

With the change of model produced at the end of the past century, the work has become professionalized, making it possible to achieve a series of assessable goals. Thus, as there were now recoding and assessment instruments, a line of research based on the assessment of the RC programs appeared (Bullock, Little & Milham, 1993; Skinner, 1992). In Spain, some works based on one of these systems was developed: the "Sistema de evaluación y registro en acogimiento residencial" ([System of assessment and recording of RC]; Del Valle & Bravo, 2007). Del Valle and Bravo (2001) found that aspects such as family involvement in the work carried out in the residence or social integration within the community were the most difficult goals to achieve. Martín, Torbay, and Rodríguez (2008) and Martín *et al.* (2007) used this assessment and recording system to conduct a study with repeated measures. They analyzed the degree of goal achievement of the programs at two moments with a 9-month interval. They found that some children improved, others worsened, and others maintained their scores over time (see Figure 2). When analyzing which children improved, they found that the ones who had experienced a situation of more severe maltreatment and who remained in RC for over one year and less than three years obtained the highest benefits. Moreover, if the professionals worked with the family, and the family cooperated with the home in educational tasks, the children obtained more benefits, which no doubt facilitated a possible family reunification. From the above, various aspects are derived that should be underlined. Firstly, when children have been the victims of severe maltreatment, and urgent separation from the family is required, RC can provide them with an adequate and stable setting to recover from some of the negative effects suffered. These effects, which are often emotional instability and behavior problems, impair their good adjustment to foster care. Admittance of these cases in RC would forestall a possible interruption of foster care, thus preventing yet one more separation; we know that the greater the number of changes and interruptions suffered by the children from the time of their admittance into the welfare system, the more emotional sequelae they display.

Secondly, we must qualify the effects of the stay in RC on these children. The results of these studies show that very short and very long stays are the most harmful. If a child enters into RC, it is with one aim, and to achieve it requires a certain time, which is usually not very long. Trying by any means to minimize the time spent by children in RC, independently of whether or not the goals were met, can be harmful, because it could hinder a subsequent family reunification or being admitted into a foster home.

Thirdly, when working coordinately with a family, and the family cooperates with the residence (naturally, in those cases in which it is foreseen that the child will return to the family), the children improve very much, which increases the likelihood of successful reunification. Goals, such as the family's involvement in the children's education and learning educational and care tools, can also be worked on with the family.

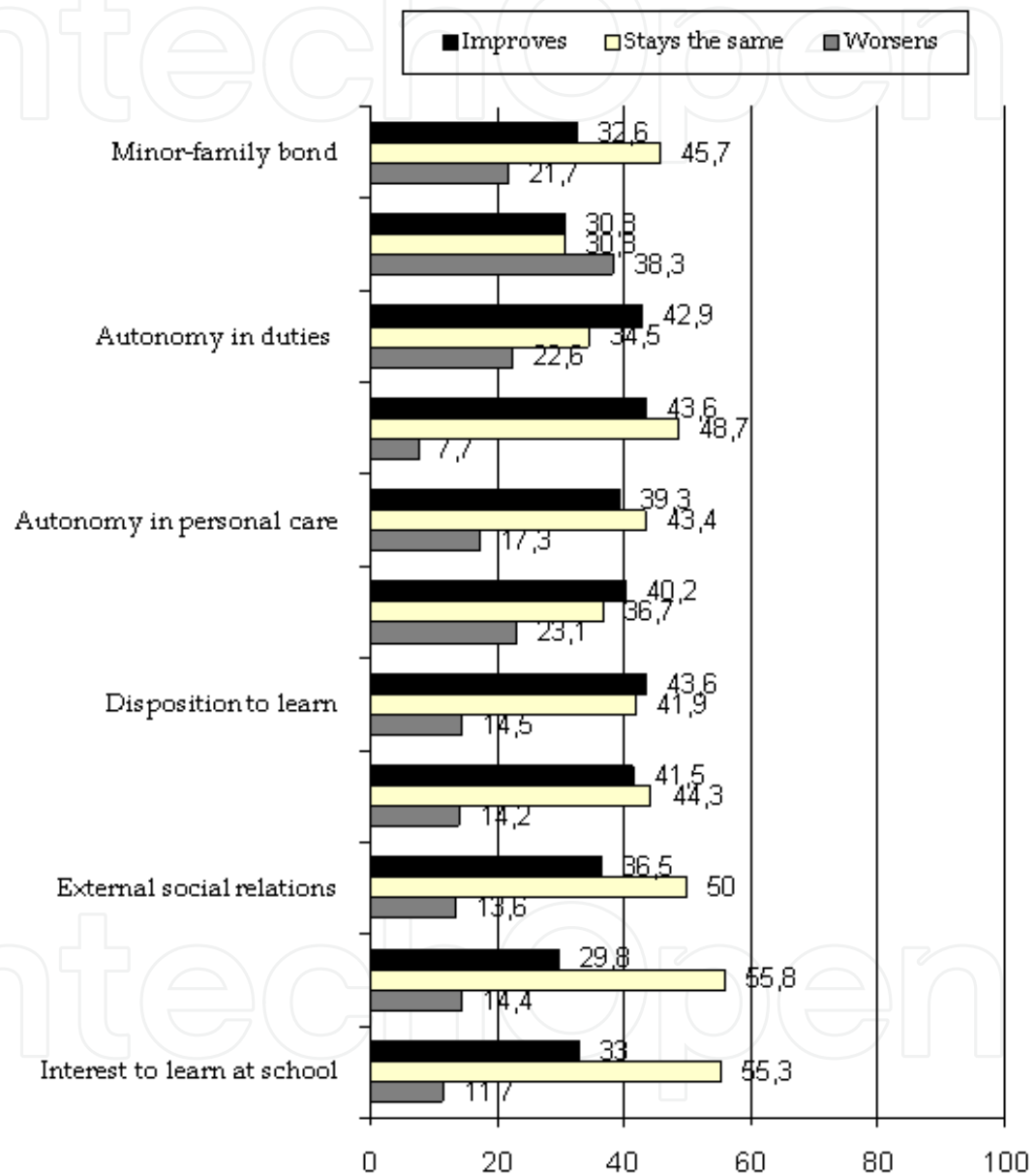


Figure 2. Percentage of minors as a function of the change observed in the diverse dimensions assessed (Reproduced from "Evaluación diferencial de los programas de acogimiento residencial para menores" of E. Martín, T. Rodríguez and A. Torbay, 2007, *Psicothema* 19(3), 406-412. Copyright: Colegio Oficial de Psicólogos del Principado de Asturias. Reproduced from "Cooperación familiar y vinculación del menor con la familia en los programas de acogimiento residencial" of E. Martín, A. Torbay and T. Rodríguez, 2008, *Anales de Psicología* 24(1), 25-32. Copyright: Servicio de Publicaciones de la Universidad de Murcia).

4. Adaptation and academic achievements of children and adolescents in RC

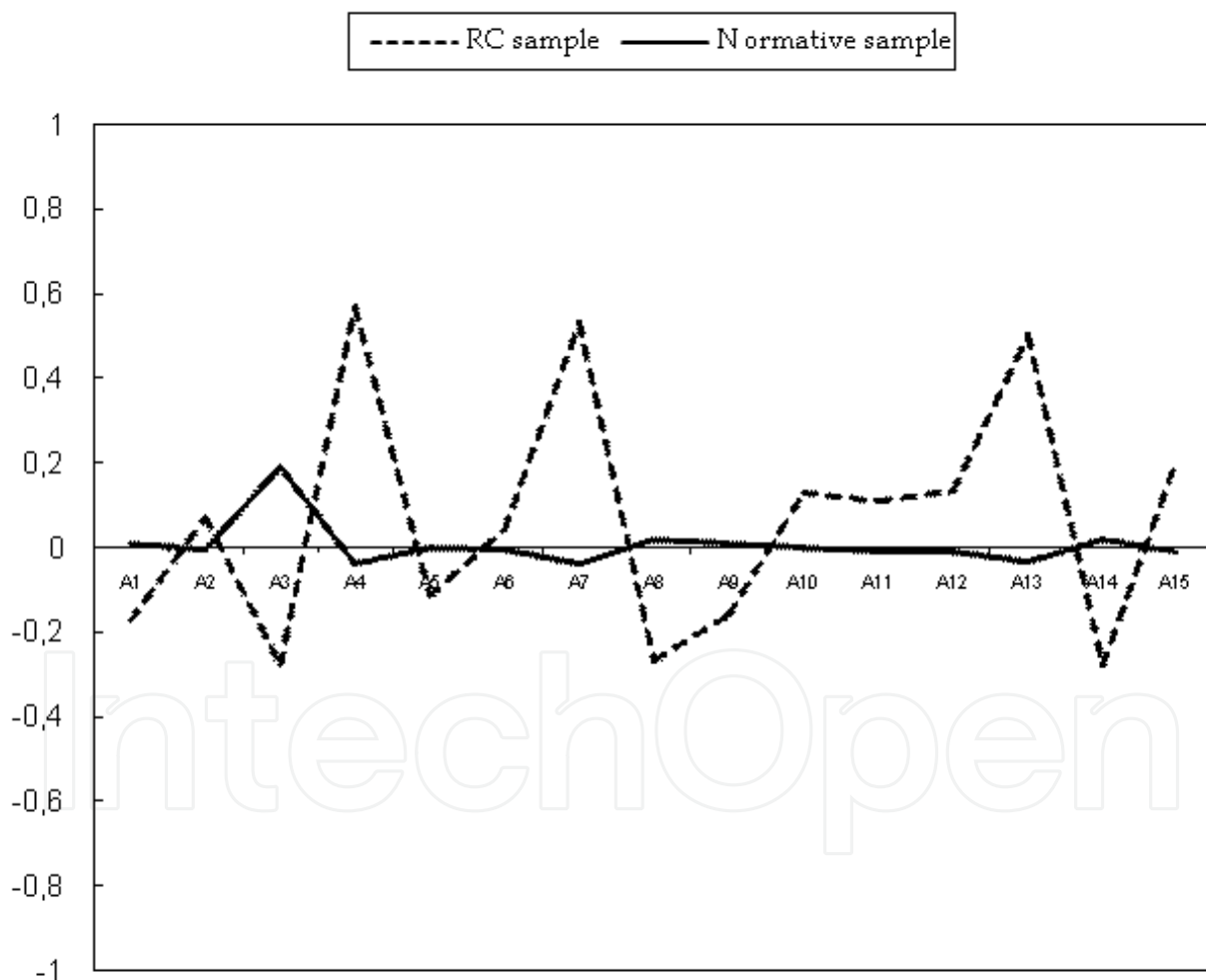
The legislative changes that modernized the RC model near the end of the 20th century granted special relevance to children's and adolescents' social integration as a means to achieve the normalization of this collective and to prevent the perverse effects of institutionalization and stigmatization that were produced in the past. Thus, the children began to go to the schools of the area with other boys and girls. This evidently had a positive effect on the normalization process. Thus, the school became the main normalized context for their development, of vital importance for the collective of children in RC (Berridge, 2007; Brodie, 2005; Goddard, 2000; Maclean & Connely, 2005; Martín, Muñoz & Pérez, 2011), and this is essentially due to the fact that the school can fulfill a large number of the needs of these minors. Firstly, a good adaptation to the school and good academic achievement will allow them to improve their qualifications, which will facilitate their social integration through the work market, thus interrupting the cycle of intergenerational reproduction of social exclusion that occurs in many cases (Vacca, 2008). On the other hand, as the school is a normalized context of formal and normative development, this offers the opportunity to learn to get on well both with adults and with peers, respecting the established rules. And lastly, it leads to the establishment of bonds, both with prosocial adults and providers of support—which has proven to be a key factor for socially disadvantaged minors (Backer, 2006; Cyrulnik, 2002; Lázaro, 2009; Martín & Dávila, 2008; Masten & Reed, 2002)—and also with peers—whose role in these minors' cognitive, emotional, social, and moral development is extremely important.

The studies that have analyzed the academic situation of minors in RC show that this collective has higher rates of failure, academic delay, and school dropout than the rest of the population (Berridge, 2007; Cameron, Hollingworth & Jackson, 2011; Casas & Montserrat, 2009; Stone, 2007; Trout, Hagaman, Casey, Reid & Epstein, 2008). This problem is attributed to three main causes (Martín, Muñoz, Rodríguez & Pérez, 2008). Firstly, the prior situation of maltreatment can provoke a series of deficiencies in the cognitive, emotional, and social development that hinders their adjustment to the academic and relational demands of the school (Anthonysamy & Zimmer-Gembeck, 2007; Leiter, 2007). Martín *et al.* (2008) analyzed 60 classrooms in which children in RC were studying. They used a scale of perceptive attribute assignation and found that the children in RC were perceived by their classmates as not getting on well with the teachers, being more aggressive, and calling attention to themselves more often (see Figure 3). This behavioral profile impairs relations both with peers and with teachers, and therefore it becomes a risk factor that can cause maladjustment and school dropout (Martín & Muñoz de Bustillo, 2009; Martín *et al.* (2011).

Secondly, the frequent changes of locations that usually occur while the minor is under the guardianship of public administrations also involve changing schools, which does not facilitate a good academic adjustment (Trout *et al.*, 2008). And lastly, the RC programs prioritize therapeutic goals over educational goals, which, in many cases, means they cannot dedicate the necessary resources (time, personnel, materials, coordination with tutors, etc.) that are

required to improve the academic situation of minors in RC (Harker, Dobel-Ober, Lawrence, Berridge & Sinclair, 2003; Linsey & Foley, 1999).

These problems have gone unnoticed until a very short time ago, when studies that analyze the transition from the welfare system to independence have begun to appear (Stein, Ward & Courtney, 2011). The reason is that this population has been an invisible collective for society (Casas & Montserrat, 2009), so no attention has been paid to these worrisome data. Moreover, it has never been entirely clear which entity is responsible for all this: the educational administrations, those in charge of the childhood welfare system, or their coordination. Some positive experiences in the UK seem to show that, when working coordinately from both systems, the academic results of children and young people in RC improve (Cameron *et al.*, 2011; Maclean & Connelly, 2005).



Note: A1: Having many friends; A2: Having few friends; A3: Getting on well with the teachers; A4: Not getting on well with the teachers; A5: Being nice to classmates; A6: Being nasty to classmates; A7: Being aggressive; A8: Being able to solve conflicts; A9: Knowing how to communicate with others; A10: Not knowing how to communicate with others; A11: Feeling

superior to others; A12: Feeling inferior to others; A13: Always wanting to call attention; A14: Being a mature person; A15: Being an immature person

Figure 3. Behavioral profile of children in RC and children from a normative sample. ((Reproduced from “De la residencia a la escuela: la integración social de los menores en acogimiento residencial con el grupo de iguales en el contexto escolar” of E. Martín, M. C. Muñoz, T. Rodríguez and Y. Pérez, *Psicothema* 20(3), 376-382. Copyright: Colegio Oficial de Psicólogos del Principado de Asturias)

But we must not only consider the merely curricular and qualification aspects that the educational system can provide to these children. This can help them achieve a good occupational insertion, and, thereby, socioeconomic integration when they leave the childhood welfare system, as most of them will either have to become independent or else return to the family from which they had to be separated for their own protection. School can also play an essential role in the compensating intervention that must be carried out with these children. Firstly, the school enables better cognitive development, which can help the children to understand their personal situation and to integrate it adaptively into their life story (Cyrulnik, 2002). Sometimes, the adults in charge are unaware of children's difficulties to understand and interpret the experiences—many of them terrible—that they have undergone. The fact that children do not ask questions about it or show signs of being upset does not mean that they are not suffering.

Secondly, school enables the children in RC to relate to prosocial adults who can become their reference adults. Martín and Dávila (2008) found that the affective bond with adults outside of the family setting has a positive impact on the adaptation and adjustment of children who were in RC. The need for unconditional support from an adult is acknowledged from developmental psychology, and all the more so for these children, who were deprived of adult figures in the family setting. The same can be said about their peers. Their contribution to the cognitive, affective, social, and moral development is essential for these children due to the important compensatory role they play (Gauze, Bukowski, Aquan-Asse & Sippola, 1996; Masten & Reed, 2002).

5. Strengths of RC as a resource of the childhood welfare system

Being the resource of childhood welfare that has attended the greatest number of children and adolescents in a situation of vulnerability, and perhaps precisely because of this, RC is habitually questioned both from academic and political spheres. A social discourse has emerged that argues the need for RC to disappear for two essential reasons. One is that all children in a situation of vulnerability should be provided with a family that protects them and cares for them. The other is that to grow up within RC resources can have sequelae on the children's development, especially in the younger children. The latter argument has already been discussed in previous sections and, although it is true that there have been many such cases—especially in the past—if RC currently works well, this should not occur. In fact, RC can become a therapeutic setting in which to work on the problems that caused the family situation and the neglect in the first place. The former argument, that all children should

grow up in a family, is a consensus we have all reached: politicians, professionals, and investigators. But this is not enough to close down all the supervised homes. In Spain, we have legislative initiatives of this sort that, if not accompanied with other resources, such as the creation of a good pool of foster families, will only reflect good intentions.

But the fact that we all reached this consensus and that we should begin to set the foundations so this can happen in the future does not necessarily mean that RC should disappear as a welfare resource. This "satanization" to which it is so often submitted should not conceal its many strengths and the solutions it provides to many children and adolescents. The first aspect that must be clarified is that, nowadays, RC is necessary because there are not enough foster families available, and because the preventive work carried out is not enough to prevent situations of vulnerability. The term "last resort" has been used to refer to the last alternative to which one turns (Hellinckx, 2002). The reality is that it is very often not the last resort but the only one, and it is therefore necessary to analyze its possibilities. These strengths are:

1.- One of the arguments habitually heard is that the educators and other workers in RC cannot fulfill functions that correspond to the children's' parents. This is true; foster parents do not take the place of the biological parents if work is being carried out with the children and the family in a family reunification program. The most we could say is that RC will never be a family home, although it can be very similar. The principle of normalization facilitated the integration of supervised homes in the community, and currently, many of them are flats in residential buildings. The educators cannot and should not be parents, but they can become reference adults for the children, giving them what their own parents could not give them, at least temporarily. This is important because it can become a factor that promotes resilience in these children. Martín and González (2007) studied the quality of the care that the children received in supervised homes by interviewing the children. They discovered that the factor with the highest association to quality care was the relation established with the educators. Allusions such as *the educators love me, the educators help me, they listen to me*, etc. indicate that, for the children in RC, having the educators as reference adults is of vital importance for their quality of life. The professionalization and technicality of the figure of the educators, which has been positive, should not be incompatible with their establishing affective bonds with the children. This is necessary and it is very often not promoted, erroneously thinking that this could cause some kind of conflict of loyalty and role confusion in the children about the adults who are a part of their lives. If one is clear when informing the child, there should be no conflict or confusion. Also, the more extensive the child's network of adults, the better (Martín & Dávila, 2008).

2.- We would like to emphasize that entering RC can also be an opportunity to enrich the children's social support network. Not only because the children relate to other RC children and to the staff, but also because the promotion of out-of-school and community activities—which many of their biological families could not afford—help the children to get to know their peers in diverse settings, and adults who will become part of their social network. This variable is recognized as one of the most important to improve the quality of life of these children, as it has a direct impact on their adaptation (Martín & Dávila, 2008). Such aspects

should not go unnoticed, and we must work towards the achievement of these goals, taking the differences as a function of the children's developmental stage into account. For instance, it is more important for the smaller children to have available adults than for the adolescents, for whom the peer network is more relevant (Del Valle, Bravo & López, 2010; Martín, 2011). In the same vein, the creation of emancipation flats and residences for adolescents who are almost of age, where several of them could live together, not only facilitates their acquisition of the basic skills for independence, but also allows them to strengthen their peer support network, which they can retain when leaving the welfare system.

3.- With regard to the above, we must analyze the role played by groups of siblings. The proportion of children who enter the welfare system alone is relatively low, and it is more habitual to declare groups of siblings—sometimes quite numerous—to be in a situation of vulnerability. The diverse handbooks of quality standards and legislative proposals defend the idea of keeping groups of siblings together while they are under the guardianship of the competent administrations. This allows maintaining the bonds among them and facilitates the work of family reunification programs, as it allows them to organize family visits and meetings of the children with their families and with the family intervention teams. Although the results of the research analyzing the benefits of living with their siblings for RC children's development are neither overwhelming nor very clear (Davidson & Klein, 2011), it is nevertheless the most logical and desirable option. And it must be acknowledged that, in most of these cases, RC is the only available resource. The larger the number of siblings, the more difficult it is to find a foster home, or even an adoptive home, because the groups of siblings may comprise small children and adolescents, which makes it economically costly and complicates adjusting well to a new family. Therefore, it must be admitted that if siblings should remain together in RC, then it is necessary and even recommendable to maintain this resource.

4.- One advantage of RC that it is more widely acknowledged is that it allows the children who have lived in destructured families, where there was no schedule and no rules, to live in a structured setting. The same can be said about a foster family. One of the basic needs of childhood is the acquisition of a system of rules and values. The RC fulfills these needs adequately, and even allows intensive and therapeutic work that may offset this developmental deficit of the children who are admitted into RC. In the cases of children who have suffered greater emotional, cognitive, and behavioral sequelae, this intensive work is essential, even before the first step towards foster care or adoption can be taken. If these children go directly to another family without prior work in RC, the foster care is considerably more likely to fail. This is related to the fact that RC has become increasingly specialized in caring for specific collectives: minors with behavioral and mental health problems, unaccompanied immigrant minors, etc., profiles that are very difficult to accommodate in foster families.

5.- One of the erroneous ideas that persists in many sectors of society is that children's admittance into RC implies their total separation from the family. This is only true in those cases in which contact with the family implies considerable risk for the minor. Fortunately, this does not occur in most cases. The goal of separation is to protect the children and fulfill their needs, but not to break bonds. In many cases, the goal is family reunification, and in the

meantime, the children are in RC and the professionals work with the families. In these cases, there is a visiting schedule, either in the RC itself or in other specified places, or the children even spend the weekends with their families. These programs are not only to maintain family bonds but also so that the family intervention professionals can work with the families, teaching them how to take on parental responsibilities, and learn educational skills and childhood care. Martín, Torbay *et al.* (2008) found that, in many cases, separation not only did not harm the minor's bond to the family, but it even strengthened it. Let us not forget that there are cases in which a short "breathing space" of separation is necessary, especially concerning adolescents, in which RC is valid. These authors also found that, when the RC professionals work cooperatively with the family, there is a considerable increase in the benefits for the children's development produced by their stay in RC. We underline that RC and family are not incompatible concepts. On the contrary, if one works adequately, they provide mutual support in benefit of the child.

6. Current and future challenges for the improvement of residential care

Till now, we have seen the role played by RC within the childhood welfare system. This resource—criticized and questioned for a long time from diverse instances, usually because of erroneous beliefs and ignorance—has an unfair negative image, because it has many strengths to attend childhood, especially certain collectives and in certain cases. In the former section, we briefly mentioned these strengths. But there are also a series of deficiencies, which should become challenges for improvement, and which we cannot ignore or adopt a complacent position in the face of the aforementioned critical current. Without meaning to be exhaustive, these challenges are as follows:

1.- As commented upon above, the problems of adaptation and academic performance of the children and adolescents in RC. In this collective, many of the children reach RC after long periods of truancy, due to the sequelae of maltreatment, or because their parents were uninterested in their children's education. That is, the children already arrive at RC with academic delay. What is really worrisome is that the welfare system does not offset this delay, or it actually impairs its compensation. Firstly, it is not always possible for the children to remain in their original schools, and, moreover, they sometimes change schools several times, as often as the measures adopted for their cases are changed. Thus, sadly enough, some children go to various schools, undergoing changes that do not always coincide with the end and the beginning of the school year. We must find formulas within the welfare system to minimize this harm caused by the welfare system itself. However, there are few experiences of coordination between the welfare and the educational systems, beyond the tutorship visits, which are also attended by the educators who are in charge of the children. Not only the welfare system, but the entire society is responsible for childhood protection. It is necessary for other administrations to take responsibility in order to efficiently deal with the academic problems of children and adolescents in RC. Secondly, the history of RC has made it a context in which therapeutic features have priority over the psychoeducational ones, so that, in many cases, the RC staff does not correctly value the academic aspect. Al-

though therapeutic intervention is necessary, and daily life often makes it impossible to dedicate time to educational goals, a change in this direction is nevertheless necessary. Moreover, from psychology educational, it has been proved that children's motivation for school increases if their parents value it and show interest. We must assume that the same thing would apply for RC educators. A last aspect to underline is determined by the fact that childhood is legally protected until the child comes of age. This means that, in those cases where reunification or foster care are impossible, the children are referred to technical schools so they can learn a trade that will support them when they are of age. For this purpose, their academic trajectory is rerouted, even in youngsters with good academic adjustment and performance, who have expectations of continuing their studies beyond compulsory education. This fact shows that RC is still not completely prepared to fulfill such a basic and necessary need for a good sociocommunity integration as education.

2.- Adopting the principle of normalization, in some cases, led to generating erroneous beliefs, thinking that the children and adolescents in RC were exactly the same as those who live with their families, thus relaxing the mechanisms to detect certain problems, such as academic failure and mental health problems. In the latter case, in Spain, the line of thought that criticized research based on a psychopathological approach because it confused the effects of RC with those of the prior situation of maltreatment did not take into consideration the mental health problems of this collective, whatever their causes. The lack of studies may have contributed to this, as there is only one (Del Valle, Sainero & Bravo, 2011). Nevertheless, international research has contributed contrasted evidence that children and adolescents have more mental health problems than the general population (Clausen, Landsverk, Ganger, Chadwick & Litrownik, 1998; EUROARC, 1998; Ford, Vostanis, Meltzer & Goodman, 2007; Heflinger, Simpkins & Combs-Orme, 2000; Pecora, Jensen, Romanelli, Jackson & Ortiz, 2009; Sempik, Ward & Darker, 2008). The results of these studies show relevant data in this sense: the percentage of children and adolescents with some mental health problem is somewhere between 48 and 89%, depending on the studies. That is, the prevalence of mental health problems in this population is four times higher than in the general childhood and adolescent population.

Therefore, one cannot just look away. As occurred with educational care, the principle of normalization externalized RC children's physical and mental care, to some extent, ignoring these problems. Moreover, health resources are designed, at most, for the prevalence of disorders in the general population, so there are not enough external resources to attend to this problem. Admitting these problems does not mean attributing them to the stay of these children and adolescents in RC, but of adequately attending to the sequelae that their family situation may have caused.

3.- Another challenge of RC is to adequately deal with the processes of transition to adult life of the adolescents who live in these facilities (Stein *et al.*, 2011). The youngsters must often face independence at the age of 18, because they have no family or because their family is not able to take charge of them—something that is currently not demanded of the majority of the juvenile population. In other cases, although they return to their families, they must contribute their own economic resources to help out in a precarious family situation. Know-

ing what RC can contribute to guarantee the success of this process of transition to adult life is a priority of the childhood welfare system. Till now, due to the fact that the legislation only obliges their protection until the age of 18, the problems faced by 18-year-old adolescents were not perceived as a responsibility of the welfare system. However, they are now perceived as such, because this is an indicator of the results of the work carried out while the adolescent lived in RC. Del Valle, Bravo, Álvarez, and Fernanz (2008) found that the situation of emancipated youngsters from RC was better the older they were when the follow-up was performed. This indicates that it is very difficult at such early ages for these youngsters to achieve the personal, social, and economic resources that facilitate a good socio-work integration. The proliferation of homes for youngsters over 18 in which those who are old enough to leave the RC can live together and continue studying and preparing for adult life provides them with opportunities similar to those of youngsters who can count on powerful family support in their transition to adult life. This flexibilizes the time needed to ensure that this process will be successful. Although still scarce, these resources are a first step to adequately attend the needs of this collective.

Dumaret, Donati, and Crost (2011) analyzed the factors that facilitate a good transition to adult life and found that the above-mentioned factors were essential to guarantee this process. On the one hand, adequately attending the education of the children and adolescents in RC helps them in the sense that higher qualification means a more likely socio-work insertion, without forgetting all the opportunities to strengthen the support social network provided by the educational system. However, efficiently attending the mental health problems while they are still in RC would place them in a better condition to become integrated into society as personally and socially adapted adults. And lastly, the authors emphasize the importance of reinforcing the resources for emancipation, providing these youngsters with emancipation homes and other support resources beyond their majority of age (18 years). Applying pure logic, we cannot demand from these young people more than we ask from the rest of the boys and girls of the same age. It is simply unfair, because, having received much less, they should not have to give more.

7. Conclusions

In this chapter, we carried out a review of the historical evolution and the current reality of RC, an important resource for the childhood welfare system. The enormous number of children and adolescents who are admitted to this resource worldwide requires us to analyze it from objective, evidence-based criteria contributed by research. Unfortunately, this does not usually occur, because from political, professional, and even academic instances, the discourse is based more on ideological proposals and beliefs than on facts.

As in almost all social topics, we must come to a consensus about what should be done. In childhood protection, we reached the agreement that growing up in a family is not only a right of children, but also a need for their emotional, social, cognitive, and moral development. Therefore, measures are promoted for alternatives to RC, such as foster care and

adoption, which are much more important for small children. We all agree about this, but some people, many in the legislative spheres, take advantage of this consensus to demonize RC and propose its elimination. Such harassing can even give rise to the error of trying to turn RC into a family. There are examples of homes where children of different ages live together, in many cases, groups of siblings, with two resident educators, a man and a woman, trying to turn a professional resource for living together into a family. A welfare home will never be family, and the educators will never be the parents. Nor should they. The children already have a family, although they cannot live with it.

A welfare home is a resource that tries to fulfill all the needs of the children and adolescents as normally as possible. And the educators are adults who are responsible for this, and who can become important figures in the social support network of children and adolescents who are separated from their families. In fact, they should not be seen as opposite resources from the families. Living in a welfare home does not imply total separation from the family. There are visits, weekends, working together with the family, the minor, and the technical teams, always depending on the goals to be achieved in each case. When children are separated from their families, it is to protect them from the family situation, not to shut them up in any center. That is, we must dismantle the social consensus that RC is a resource to separate children from their families, and build the idea that RC is a resource of support for the families.

The results of current research must be made visible, as they show that RC can have beneficial effects in certain cases, that the stays should not be too short for fear of negative effects on the children, but instead their duration should depend on the goals aimed at for each child and each family. Day-care centers in which children return to spend the night with their families must be promoted, for those cases in which aspects concerning hygiene, feeding, and academic support are the main needs to be fulfilled. And, particularly, other alternative resources must be promoted, such as foster care, increasing the pool of available families. And we must not only increase their quantity, but also their quality. The scarce number of available families and the satanization of RC frequently leads to the selection of families considered suitable as foster homes (thus, preventing the child from going into RC), when we know that foster care can also fail, producing unnecessary break-ups for the children (López, Del Valle, Montserrat & Bravo, 2011). Foster care is positive, but only when the families are selected adequately for each particular case.

However, collectives like adolescents with emotional or behavioral problems, unaccompanied immigrant minors, or large groups of siblings find in RC the only available resource for living together within the welfare system. For most of these cases, there is no other alternative. The voices that propose the elimination of RC should change their discourse and, in any event, demand its specialization to attend to these special groups. For all these reasons, we must consider RC a flexible resource, compatible with others, which can become specialized and deal with problems that other resources cannot reach.

Another important aspect we should not ignore is the visibilization of protected children in general, and the RC children in particular. With the pretext of protecting the identity and intimacy of this collective, we have sometimes overdone it, and they have been concealed

from the public opinion. This has perverse effects, because it does not facilitate the social awareness of such a severe problem as that of the children and adolescents living in RC. Knowledge of a problem is the first step to take on the responsibility of coping with it. Children separated from their families are not perceived as a social problem. Moreover, such ignorance provokes fear and rejection. Thus, when an organization tries to rent or buy a flat to turn it into a welfare home, they usually encounter the neighbors' rejection, because they do not know the difference between a welfare home and a reformatory for adolescents with judicial measures. This produces stigmatization and rejection of a population as vulnerable as this one. In addition, this concealment from the public opinion even deprives these youngsters, who cannot publicize themselves, of even reclaiming their rights.

Nor can we forget that we should definitely promote prevention programs to avoid separating children from their families. Only the most severe cases should have to go into RC.

Ultimately, RC should be seen from the perspective of its historical evolution, acknowledging the advances produced in this resource. We must value its contribution to children and adolescents who are separated from their families, and realize its limitations and the improvements still pending. And all of this should be considered according to the evidence contributed by research in this field, not to beliefs and assumptions.

Only this way can we have one more adequate and efficient resource within the childhood welfare system, to respond adequately to the needs of the boys and girls who, unfortunately, must be separated from their natural growth setting, which is their family.

Author details

Eduardo Martín

Senior Lecturer of Developmental and Educational Psychology, University of La Laguna,, Spain

References

- [1] Anthonyamy, A., & Zimmer-Gembeck, M. J. (2007). Peer status and behaviors of maltreated children and their classmates in the early years of school. . *Child Abuse and Neglect*, ., 31, 971-991.
- [2] Backer, J. A. (2006). Contributions of teacher-child relationship to positive school adjustment during elementary school. *Journal of School Psychology*, ., 44, 211-229.
- [3] Berridge, D. (2007). Theory and explanation in child welfare: education and looked-after children. . *Child and Family Social Work*, ., 12, 1-10.

- [4] Bravo, A., & Del Valle, J. F. (2001). Evaluación de la integración social en acogimiento residencial. *Psicothema*, 13(2), 197-204.
- [5] Bravo, A., & Del Valle, J. F. (2009). Crisis y revisión del acogimiento residencial. Su papel en la protección infantil. *Papeles del Psicólogo*, 30(1), ., 42 EOF-52 EOF.
- [6] Brodie, I. (2005). Education and residential child care in England: A research perspective. In D. Crimmens & I. Milligan (Eds.), *Facing forward: Residential child care: in the 21st century* (). Dorset: Russell House Publishing., 163-171.
- [7] Bullock, R., Little, M., & Millham, S. (1993). *Going home: the return of children separated from their families*. London: Dartmouth.
- [8] Cameron, C., Hollingworth, K., Jackson, S., & (eds, . (2011). Secondary analysis of national statistics on educational participation. The YIPPEE Project. Date of access: 26-5-2011, Available from: <http://tcru.ioe.ac.uk/yippee>
- [9] Campos, G. (2011). Cómo se percibe a la infancia protegida? De la normalización a la i nstitucionalización. En M. I. Jociles, A. Franzé y D. Poveda (Eds.), *Etnografías de la infancia y la adolescencia*. Madrid: Los libros de la Catarata.
- [10] Casas, F., & Montserrat, C. (2009). Sistema educativo e igualdad de oportunidades entre los jóvenes tutelados: estudios recientes en el Reino Unido. *Psicothema*, 21(4), ., 543 EOF-7 EOF.
- [11] Child Welfare League of America. (1991). *Standard of excellence for residential group care services*. Washington: CWLA.
- [12] Chisholm, K. (1998). A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. . *Child Development*, ., 69, 1092-116.
- [13] Clausen, J. M., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. . *Journal of Child and Family Studies*, ., 7, 283-296.
- [14] Colton, M. J., & Hellinckx, W. (1995). *La atención residencial a la infancia en la Unión Europea. Guía por países sobre acogimiento familiar y atención residencial*. Madrid: Ministerio de Asuntos Sociales.
- [15] Cyrulnik, B. (2002). *Los patitos feos. La resiliencia: una infancia infeliz no determina la vida*. Barcelona: Gedisa.
- [16] Davidson-Arad, B., & Klein, A. (2011). Comparative well being of Israeli youngsters in residential care with and without sibilings. *Children and Youth Services Review*, ., 33, 2152-2159.
- [17] Del Valle, J. F. (2003). Acogimiento residencial: innovación o resignación? *Infancia y Aprendizaje*, 26(3), 365-379.

- [18] Del Valle, J. F., & Bravo, A. (2007). SERAR: Sistema de evaluación y registro en acogimiento residencial. Oviedo: Nieru.
- [19] Del Valle, J. F., Bravo, A., & López, M. (2010). Parents and peers as providers of support in adolescents' social network: a developmental perspective. . *Journal of Community Psychology*, ., 38, 16-27.
- [20] Del Valle, J. F., Bravo, A., Álvarez, E., & Fernanz, A. (2008). Adult Self-sufficiency and social adjustment in care leavers from children's homes: a long-term assessment. . *Child and Family Social Work*, ., 13, 12-22.
- [21] Del Valle, J. F., & Fuertes, J. (2000). El acogimiento residencial en la protección a la infancia. Madrid: Pirámide.
- [22] Del Valle, J. F., Sainero, A., & Bravo, A. (2011). Salud mental de menores en acogimiento residencial. Badajoz: Junta de Extremadura.
- [23] Dumaret, A. C., Donati, P., & Cross, M. (2011). After a long-term placement: investigating educational achievement, behaviour and transition to independent living. *Children and Society*, ., 25, 215-227.
- [24] EUROARC. (1998). Care to listen: A report of residential child care in four european countries. Glasgow: The Center for Residential Child Care.
- [25] FICE, IFCO & Aldeas Infantiles SOS. (2007). Quality4Children: Estándares para el cuidado de niños fuera de su familia biológica en Europa. [Standards for the care of children outside of their biological family in Europe]. Date of Access: 13-03-2010. Available at: <http://www.aldeasinfantiles.es/Conocenos/publicaciones/otras-publicaciones/pages/default.aspx>
- [26] Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by Local Authorities: A comparison with children living in private househo. lds. *British Journal of Psychiatry*, ., 190, 319-325.
- [27] Garrido, V. (2001). Tres pilares en la pedagogía de la delincuencia: el apoyo social, la justicia de la restauración y la prevención familiar. En E. López y A. Ripio (Coords.), *Justicia de menores e intervención socioeducativa* (). Murcia: Consejería de Trabajo y Política Social., 221-243.
- [28] Gauze, C., Bukowski, W. M., Aquan-Assee, J., & Sippola, L. K. (1996). Interactions between family environment and friendship and associations with self perceived well-being during adolescence. *Child Development*, ., 67, 2201-2216.
- [29] General Assembly of the United Nations (2009). Resolution 64/142: Guidelines for the Alternative Care of Children. New York: UN.
- [30] Goddard, J. (2000). The education of looked after children. . *Child and Family Social Work*, ., 5, 79-86.

- [31] Han, E., & Choi, N. (2006). Korean institutionalized adolescents' attributions of success and failure in interpersonal relations and perceived loneliness. . *Children and Youth Services Review*, ., 28, 535-547.
- [32] Harden, B. (2002). Congregate care for infants and toddlers: Shedding new light on an old question. . *Infant Mental Health Journal*, ., 23, 476-495.
- [33] Harker, R. M., Dobel-Ober, D., Lawrence, J., Berridge, D., & Sinclair, R. (2003). Who takes care of education? Looked after children's perceptions of support for educational progress. . *Child and Family Social Work*, ., 8, 89-100.
- [34] Heflinger, C. A., Simpkins, C. G., & Combs-Orme, T. (2000). Using the CBCL to determine the clinical status of children in state custody. . *Children and Youth Services Review*, ., 22, 55-73.
- [35] Hellinckx, W. (2002). Residential care: last resort or vital link in child welfare. *International Journal of Child and Family Welfare*, 5(3), ., 75 EOF-83 EOF.
- [36] Hodges, J., & Tizard, B. (1989). IQ and behavioural adjustment of ex-institutional adolescents. *Journal of Child Psychology and Psychiatric*, ., 30, 53-75.
- [37] Jonhson, R., Browne, K., & Hamilton-Giachritsis, C. (2006). Young children in institutional care at risk of harm. *Trauma, Violence and Abuse*, ., 7, 34-60.
- [38] Kaler, S. R., & Freeman, B. J. (1994). An analysis of environment deprivation: cognitive and social development in Romanian orphans. *Journal of Child Psychology and Psychiatric*, ., 35, 769-781.
- [39] Knuston, J. F. (1995). Psychological characteristics of maltreated children: putative risk factors and consequences. *Annual Review of Psychology*, ., 45, 401-431.
- [40] Lázaro, S. (2009). Resiliencia en niños y adolescentes: revisión teórica e implicaciones para la intervención psicoeducativa en situaciones de maltrato familiar. *Estudios de Psicología*, 30(1), 89-104.
- [41] Leiter, J. (2007). School performances trajectories after the advent of reported maltreatment. *Children and Youth Services Review*, ., 29, 363-382.
- [42] Linsey, M., & Foley, T. (1999). Getting them back to school: Touchstones of good practice in the residential care of young people. *Children and Society*, ., 13, 192-202.
- [43] López, M., Del Valle, J. F., Montserrat, C., & Bravo, A. (2011). Factors affecting foster care breakdown in Spain. . *The Spanish Journal of Psychology*, 14(1), ., 111 EOF-122 EOF.
- [44] Maclean, K., & Connely, G. (2005). Still room for improvement? The educational experiences of looked after children in Scotland. . In D. Crimmens & I. Milligan (Eds.), *Facing forward: Residential child care in the 21st century* (). Dorset: Russell House Publishing., 173-183.

- [45] Martín, E. (2011). Apoyo social percibido en niños y adolescentes en acogimiento residencial. *International Journal of Psychology and Psychological Therapy*, 11(1), 107-120.
- [46] Martín, E., & Dávila, L. M. (2008). Redes de apoyo social y adaptación de los menores en acogimiento residencial. *Psicothema*, 20(2), ., 229 EOF-35 EOF.
- [47] Martín, E., & González, M. S. (2007). La calidad del acogimiento residencial desde la perspectiva de los menores. *Infancia y Aprendizaje*, 30(1), 25-38.
- [48] Martín, E., & Muñoz de, Bustillo. M. C. (2009). School adjustment of children in residential care: a multi-source analysis. *The Spanish Journal of Psychology*, 12(2), 462-470.
- [49] Martín, E., Muñoz de, Bustillo. M. C., & Pérez, N. (2011). Las relaciones de amistad en la escuela de los menores en acogimiento residencial. *Revista de Psicodidáctica*, 16(2), 351-366.
- [50] Martín, E., Muñoz de, Bustillo. M. C., Rodríguez, T., & Pérez, Y. (2008). De la residencia a la escuela: la integración social de los menores en acogimiento residencial con el grupo de iguales en el contexto escolar. *Psicothema*, 20(3), 376-382.
- [51] Martín, E., Rodríguez, T., & Torbay, Á. (2007). Evaluación diferencial de los programas de acogimiento residencial de menores. *Psicothema*, 19(3), ., 406 EOF-12 EOF.
- [52] Martín, E., Torbay, Á., & Rodríguez, T. (2008). Cooperación familiar y vinculación del menor con la familia en los programas de acogimiento residencial. *Anales de Psicología*, 24(1), ., 25 EOF-32 EOF.
- [53] Masten, A. S., & Reed, M. G. (2002). Resilience in development. In C. R. Snyder & S. J. López (Eds.), *Handbook of positive psychology* (.). New York: Oxford University Press., 74-88.
- [54] O'Connor, T. G., Rutter, M., the, E. R. A., & Team, . (2000). Attachment disorder behaviour following early severe deprivation: Extension and longitudinal follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, ., 39, 703-712.
- [55] Observatorio de la Infancia (2011). Estadística básica de protección a la infancia. Madrid: Ministerio de Sanidad, Política Social e Igualdad.
- [56] Pecora, P. J., Jensen, P. S., Romanelli, L. H., Jackson, L., & Ortiz, A. (2009). Mental Health Services for Children Placed in Foster Care: An Overview of Current Challenges. *Child Welfare*, ., 88, 1-25.
- [57] Redondo, E., Muñoz, R., & Torres, B. (1998). Manual de buena práctica para la atención residencial a la infancia y adolescencia. Madrid: Federación de Asociaciones para la Prevención del Maltrato Infantil.
- [58] Rodrigo, M. J., Máiquez, M. L., Martín, J. C., & Byrne, S. (2008). Preservación familiar: Un enfoque positivo para la intervención con familias. Madrid: Pirámide.

- [59] Roy, P., Rutter, M., & Pickles, A. (2000). Institutional care: risk from family background or pattern of rearing? *Journal of Child Psychology and Psychiatry*, ., 41, 139-149.
- [60] Save the Children (2011). *Agenda de Infancia* . Madrid: Save the Children España., 2012-2015.
- [61] Sempik, J., Ward, H., & Darker, I. (2008). Emotional and behavioural difficulties of children and young people at entry into care. . *Clinical Child Psychology and Psychiatry*, 13(2), ., 221 EOF-233 EOF.
- [62] Skinner, A. (1992). *Another kind of home*. Edinburgh: HMSO.
- [63] Sloutsky, V. M. (1997). Institutional care and developmental outcomes of 6 and 7-year-old children: A contextualist perspective. *International Journal of Behavioral Development*, ., 20, 131-151.
- [64] Stein, M., Ward, H., & Courtney, M. (2011). Editorial: International perspectives on young people's transitions from care to adulthood. . *Children and Youth Services Review*, ., 33, 2049-2411.
- [65] Stone, S. (2007). Child maltreatment, out-of-home placement and academic vulnerability: a fifteen-year review of evidence and future directions. . *Children and Youth Services Review*, ., 29, 139-161.
- [66] Svenlin, A. R. (2010). What we know and what should we know about short-term fostering?. In E. J. Knorth, M. E. Kalverboer & J. Knot-Dickscheit (Eds.), *Inside out: How interventions in child and family care work. An international source book* (). Antwerp-Apeldoorn: Garant Publishers., 229-231.
- [67] Tizard, B., & Hodges, J. (1978). The effect of early institutional rearing on the development of eight year old children. *Journal of Child Psychology and Psychiatry*, ., 19, 99-118.
- [68] Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). The academic status of children and youth in out-of-home care: a review of the literature. . *Children and Youth Services Review*, ., 30, 979-994.
- [69] Vacca, J. S. (2008). Breaking the cycle of academic failure for foster children-What can the schools do to help? *Children and Youth Services Review*, ., 30, 1081-1087.
- [70] Vorria, P., Rutter, M., Pickles, A., Wolkind, S., & Hobsbaum, A. (1998). A comparative study of Greek children in long-term residential group care and in two-parent families: I. Social, emotional and behavioural differences. *Journal of Child Psychology and Psychiatry*, ., 39, 225-245.